

Bureau of Health Care Quality and Compliance

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|--|--|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>NVS3420HOS                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |  | (X3) DATE SURVEY COMPLETED<br><br>C<br>01/05/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SPRING VALLEY HOSPITAL |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5400 SOUTH RAINBOW BLVD<br>LAS VEGAS, NV 89118 |   |  |   |
| <b>COPY</b>  |  |   |   |  |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   |  | (X5) COMPLETE DATE                                |
| S 000  | Initial Comments<br><br>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 1/5/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.<br><br>Complaint #NV00023511 was substantiated with deficiencies cited. (See Tag S0300)<br>Complaint #NV00023313 was substantiated with no deficiencies cited.<br>Complaint #NV00024061 was substantiated with deficiencies cited. (See Tag S0160)<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. | S 000   | Tag S 160<br><br><i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</i> The patient has been discharged and it is not possible to address the concern.<br><br><i>How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:</i> All patients have the potential to be affected. The Department Director reviewed the equipment and processes in place for holding food at the required temperatures. He implemented new practices aimed at increasing compliance with proper food temperatures. These include improved covering of the food on the tray line, replacement of lowerator equipment and implementation of temperature validation. |  |   |
| S 160<br>SS=D  | NAC 449.337 Dietary Requirements<br><br>1. A hospital shall provide each patient with a nourishing, palatable, well-balanced diet that meets the daily nutritional and dietary needs of the patient.<br>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to provide a diet of a palatable temperature that was warm enough to meet the dietary needs of the patient. (Patient #1)<br><br>Severity: 2                      Scope: 1   | S 160<br>1-11-10<br>copy  | What measures will be put into place to ensure that the deficient practice does not recur and how will the facility monitor its corrective actions: Before the beginning of every tray line, temperatures are now being taken at the steam table in order to verify the correct temperature has been reached. In addition, everyday we monitor a patient test tray. This test tray has temperatures taken throughout the food preparation process, including upon arrival to the nursing unit, in order to validate that the correct temperatures are being maintained. This information is routinely reported to administration.   |  |   |
| S 298<br>SS=D  | NAC 449.361 Nursing Service<br><br>9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders.  | S 298   | Individual Responsible: Director of Food and Nutrition Services<br><br>Date of Completion: 1/11/10  |  |   |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

S1 FORM

0829

OF3S11

If continuation sheet 1 of 2



Bureau of Health Care Quality and Compliance

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| S 298  | Continued From page 1<br><br>This Regulation is not met as evidenced by:<br>Based on staff interview and medical record<br>review, the facility failed to provide Provigil as<br>ordered by the physician for Patient #1.<br><br>Severity: 2                      Scope: 1 |  | S 298   | <p>Tag S 298</p> <p><i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</i><br/>The patient has been discharged and it is not possible to correct this particular deficiency.</p> <p><i>How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:</i> All patients have the potential to be affected. All RNs and LPNs will receive education on the documentation requirements for the MAR in regards to how to document dosage omissions. Education will occur through a mandatory self study packet. The education will be completed by 2/28/10.</p> <p><i>What measures will be put into place to ensure that the deficient practice does not recur and how will the facility monitor its corrective actions:</i> Compliance audit will occur through random chart abstraction by the individual nurse managers of inpatient units.</p> <p><b>Individual Responsible:</b> CNO and Nurse Managers of Inpatient units</p> <p><b>Date of Completion:</b> 2/28/10</p> |   |

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STATE FORM

5829

OF3S11

If continuation sheet 2 of 2

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